

CITY AND COUNTY OF BUTTE-SILVER BOW

APPLICATION FOR EMPLOYMENT

(Answer All Questions - Please Print or Type)

In compliance with Federal and State Equal Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, age, national origin, marital status, or the presence of a non-job related medical condition or handicap. Some of the requested information herein is required by Butte-Silver Bow Resolution or Ordinance or is needed for business necessity or other legally permissible reason.

Date of Application _____

Position applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Number and Street City State Zip

Previous Address _____
Number and Street City State Zip

Telephone _____ Are you known to schools/references by another name? Yes _____ No _____, If yes, by what name? _____

Length of residence in Butte? _____ Are you a citizen of the United States or do you have a valid work permit? Yes _____ No _____

Have you ever been employed by any department or agency of the State of Montana or department or agency of any city or county in Montana including the City and County of Butte-Silver Bow?

Yes _____ No _____

Are you available to work? Full time _____ Part time _____ Shifts _____ Seasonal _____

PLEASE TURN THE PAGE AND COMPLETE ALL ITEMS

NOTE TO THE APPLICANT: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE FUNCTIONS OF THE JOB OR REVIEWED THE JOB DESCRIPTION OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, the essential functions of the position(s) for which you are applying with or without an accommodation? Yes _____ No _____. If an accommodation is needed, how would you perform the tasks and with what accommodation(s)? _____

Have you been convicted of a criminal offense other than a traffic violation? Yes _____ No _____. If yes, describe in full, including date(s): _____

Are you a veteran? Yes _____ No _____. If yes, what was your branch of service? _____

Rank? _____ Type of Discharge? _____ Explain duties and any special training and honors received: _____

Are you on lay off or subject to recall? Yes _____ No _____ Have you been bonded? Yes _____ No _____

If yes, for what position(s)? _____

Give name, address and telephone number of three references not related to you.

PLEASE TURN THE PAGE AND COMPLETE ALL ITEMS

EMPLOYMENT EXPERIENCE:

List each job held. Start with your present or last job. Include military service assignments and volunteer activities:

Employer	Dates From: To:	Work Performed
Address	Hourly Rate/Salary Starting: Final:	
Job Title		
Supervisor		
Reason For Leaving		

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If you need additional space, please continue on a separate sheet of paper.

PLEASE TURN THE PAGE AND COMPLETE ALL ITEMS

Have you ever been dismissed or asked to resign from any employment or position you have had? Yes _____

No _____ If yes, give details _____

Summarize special skills and qualifications acquired from employment or other experience: _____

EDUCATION:

	Elementary	High School	College/University	Graduate Professional
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course of Study				
Describe specialized training, apprenticeship, skills and extracurricular activities that you feel qualify you for the position				

AGREEMENT:

I certify that all statements made herein are true and complete to the best of my knowledge, and I agree and understand that any misstatement of facts herein may cause forfeiture on my part of all rights to employment and may result in discharge.

I authorize you to make such investigations and inquiries of my personal employments, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby relieve employers, schools, or persons from all liability in responding to inquiries in connection with my application.

I hereby acknowledge that I have read the above statement and understood the same.

Signature of Applicant

Date

BUTTE-SILVER BOW IS AN EQUAL OPPORTUNITY EMPLOYER

**CITY AND COUNTY OF BUTTE-SILVER BOW
EQUAL EMPLOYMENT OPPORTUNITY REPORTING
INFORMATION FORM**

(Please Print or Type)

Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap.

To help us comply with Federal/State equal employment opportunity record keeping, reporting, and other legal requirements, please answer the questions below. Your cooperation is strictly voluntary. Your application will be considered whether or not you provide this information.

This Equal Employment Opportunity Reporting Information Form will be kept in a confidential file separate from the Butte-Silver Bow Application for Employment.

Date _____

Position(s) applied for: _____

Name (Print) _____ Phone No. _____
Last First Middle

Address _____

Number and Street City State Zip

Referral Source: Advertisement _____ Friend _____ Relative _____ Employment Agency _____
Other _____

Are you 18 years of age or older? Yes _____ No _____ Are you 40 years of age or older? Yes _____ No _____

Sex: Male _____ Female _____

Race/Ethnic Group: White _____ Black _____ Asian/Pacific Islander _____ Hispanic _____
American Indian/Alaskan Native _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Are you a Vietnam-Era Veteran? Yes _____ No _____

Are you a disabled Veteran? Yes _____ No _____ If yes, what is your disability rating? _____%

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(Please See Other Side)

NOTICE TO APPLICANTS FOR EMPLOYMENT

1. Butte-Silver Bow is committed to make reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please attach a description of the desired accommodation.
2. The Veteran's Employment Preference Act and the Handicapped Persons' Employment Preference Act provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives.
3. If you are claiming preference under the Veterans' Employment Preference Act or Handicapped Persons' Employment Preference Act, complete the following:

Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used.

To claim **Veterans' Employment Preference**, you must be a U.S. citizen and (check one of the boxes below):

- ☐ **A Veteran**, if
 - (1) you have been separated under honorable conditions,
AND
 - (2) you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves).
- ☐ **A Disabled Veteran**, if
 - (1) you have been separated under honorable conditions from active duty,
AND
 - (2) you have an established Armed Forces, service-connected disability OR are receiving compensation, disability retirement benefits or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.
- ☐ **The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.
- ☐ **The unremarried surviving spouse of a veteran or disabled veteran.**
- ☐ **The mother of a veteran**, if
 - (1) The VETERAN lost his or her life under honorable conditions while serving in the Armed Forces, OR the VETERAN has a service-connected, permanent, and total disability,
AND
 - (2) YOUR HUSBAND is totally and permanently disabled, OR YOU are the unremarried widow of the father of the veteran.

You may claim **Handicapped Persons' Employment Preference** as (Check one of the boxes below):

- ☐ **A handicapped person** certified by SRS,
- ☐ **The spouse** of a totally (100%) disabled person certified by SRS.

If you checked one of the above boxes for Handicapped Persons' Employment Preference Act:

Are you a Montana resident? ☐ Yes ☐ No, If "Yes", date residency established: _____

4. I hereby certify that all information on this page is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment with Butte-Silver Bow, or if hired, may be grounds for termination at a later date. I am aware that previous employers may be contacted as references.

SIGNATURE: _____

DATE SIGNED: _____